DOCUMENT RESUME

ED 358 097 SP 034 586

TITLE	School Health Education To Prevent AIDS and Sexually Transmitted Diseases. WHO AIDS Series 10.
INSTITUTION	United Nations Educational, Scientific, and Cultural Organization, Paris (France).; World Health Organization, Geneva (Switzerland).
REPORT NO	ISBN-92-4-121010-9; ISSN-1011-5773
PUB DATE	92
NOTE	89p.
AVAILABLE FROM	World Health Organization, Distribution and Sales, 1211 Geneva 27, Switzerland (18 Swiss francs; price in developing countries: 12.60 Swiss francs).
PUB TYPE	Guides - Classroom Use - Teaching Guides (For Teacher) (052)
EDRS PRICE	MF01/PC04 Plus Postage.
DESCRIPTORS	*Acquired Immune Deficiency Syndrome; Cultural Awareness; Curriculum Development; Elementary Secondary Education; *Health Education; Health Promotion; Inservice Teacher Education; Parent Participation; Program Evaluation; *Program Implementation; *Sexuality; *Student Behavior; Teaching Guides
IDENTIFIERS	Age Appropriateness; *Sexually Transmitted Diseases

ABSTRACT

This guide provides a framework within which education authorities can work with teachers, parents, and community leaders to help young people learn the facts about Acquired Immune Deficiency Syndrome (AIDS) and Sexually Transmitted Diseases (STDs). It emphasizes the importance of education about human behavior and sexuality that is appropriate to a young person's particular stage of development and culture, and it is designed to help educational systems provide structured, sequenced, school-based approaches to the problem. The guide also describes how a school health education program on AIDS and STDs can be developed and integrated into existing curricula. The guide considers a number of issues that will need to be addressed by education authorities, such as the best way to enlist the support of parents, the need for special training of teachers, and ways of creating an appropriate classroom environment for discussion of sensitive subjects. Stressing the need for the curriculum to take into account the local culture and educational norms, the guide concludes that education about HIV and STDs is best given within a broad health education program. Appendices provide information on program evaluation methods, content options, teaching resources, and teaching strategies. (LL)

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WHO

AIDS

SERIES

10

SCHOOL HEALTH EDUCATION TO PREVENT AIDS AND SEXUALLY TRANSMITTED DISEASES

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8163/586

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Reflecting the concerns and priorities of the Organization and its Member States, WHO publications provide authoritative information and guidance aimed at promoting and protecting health and preventing and controlling disease.

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WHO AIDS Series **10**

School health education to prevent AIDS and sexually transmitted diseases

WORLD HEALTH ORGANIZATION
GENEVA
1992

Reprinted 1992

WHO Library Cataloguing in Publication Data

School health education to prevent AIDS and sexually transmitted diseases.

(WHO AIDS series ; 10)

1.Acquired immunodeficiency syndrome – prevention & control 2.Health education 3.School health services 4.Sexually transmitted diseases – prevention & control I.Series

ISBN 92 4 121010 9 (NLM Classification: WD 308)
ISSN 1011-5773

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PRINTED IN SWITZERLAND

91/9021 – Héliographia SA – 14000
92/9471 – Héliographia SA – 5000

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Preface

This guide has been developed by staff of the World Health Organization and the United Nations Educational, Scientific and Cultural Organization, on the basis of recommendations formulated by school health education experts from around the world at a WHO/UNESCO meeting held in Ghent, Belgium, and cosponsored by the Belgian Government. Four major teacher organizations – the International Federation of Free Teachers' Unions, the World Confederation of Organizations of the Teaching Profession, the World Confederation of Teachers, and the Fédération Internationale Syndicale de l'Enseignement – provided substantial input. The text has also been reviewed by many professionals involved with health promotion for young people within and outside school systems. The guide is intended for senior educational authorities and those responsible for programme development. Its use as a reference for policy-makers in the spheres of public information and communication would also help promote consistency between health promotion messages for schools and those for the community at large.

The financial assistance of the Sasakawa Memorial Health Foundation in the production of this guide is gratefully acknowledged.

Introduction

Infection with the human immunodeficiency virus (HIV) and the acquired immunodeficiency syndrome (AIDS) are urgent problems worldwide with broad social, cultural, economic, political, ethical, and legal implications. Sexual intercourse is the predominant mode of transmission of HIV infection. Because of the sensitivity of issues associated with sexual behaviour, public health officials and educators confront major problems in the prevention and control of HIV/AIDS and sexually transmitted diseases (STDs).

In many communities, the problems increase when prevention measures are specifically aimed at young people between the ages of 10 and 24 years. Nevertheless, these young people are both an important target group and a potential resource for the prevention of HIV and STD infection. About 30% of the world's population is between 10 and 24 years of age; in many developing countries more than half of the population is below the age of 25 years. In many countries over two-thirds of adolescents aged 15-19 years, male and female, have had sexual intercourse. Adolescents and young adults (20-24 years of age) account for a disproportionate share of the increase in reported cases of syphilis and gonorrhoea worldwide. In industrialized countries more than two-thirds of all reported cases of gonorrhoea occur among persons under 25 years of age. Chlamydial infections and incurable viral STDs are also an increasingly important cause of morbidity in young people. In addition, at least one-fifth of all people with AIDS are in their twenties, and most are likely to have become infected with HIV as adolescents. Because at present there is no cure for HIV infection and many viral STDs, and because treatment for other STDs may be neither sought nor available, primary prevention through education must be a major aim of any public health programme.

Adolescence can be a period of profound physical and psychological change, during which young people learn to assume control of their own lives and make mature decisions in the light of the consequences for themselves and others. However, rapid changes in society – urbanization, industrialization, increased travel, the spread of nontraditional values through the mass media, the decline of the influence and support of the extended family – have given many adolescents a wider range of behaviour from which to choose, some of which may be dangerous. Not only sexual behaviour, but also experimenting with injectable drugs or skin-piercing instruments, may lead to infection. Young people need to be made aware of the potential consequences of such behaviour and to be helped to develop the skills and resources to avoid them.

A large number of young people throughout the world attend school or are in contact with those who do. Information, values, and skills conveyed in schools can thus have a considerable impact on their lives. Education systems should fully inform young people about HIV/STD infection, transmission, and means of prevention, and help them to develop the skills

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to act on their knowledge and communicate it to others. Specifically, programmes must help them to maintain healthy behaviour and change or avoid behaviour that puts themselves or others at risk. Programme planners must acknowledge that some students may already be HIV-infected; these students' needs must also be addressed. To be effective, education about HIV/STD must be presented within a school health education programme that provides a broad understanding of communicable diseases, community health, human relationships, sexuality, drug use, and other relevant issues, within the context of local cultural values.

Epidemiological studies throughout the world have shown that the modes of transmission of HIV infection are limited to sexual intercourse with HIV-infected people, exposure to HIV-infected blood and blood products, and transmission from an HIV-infected woman to her fetus or infant. Most infections are acquired through sexual transmission. These modes of transmission are universal, not restricted to any region, culture, or sexual orientation. HIV infection is not spread through ordinary contact at home, at school, or in the workplace, through insects, shared toilets, eating utensils, the donation of blood, hugging and kissing, or sexual intercourse between uninfected individuals.

Although HIV cannot be transmitted in the ordinary school setting, schools are often a focus for the fears of parents, staff, young people, and the community when the facts about HIV transmission are not understood. A comprehensive programme on the subject can facilitate understanding and prevent both fear and discrimination. Such a programme should emphasize not only the right of HIV-infected students and others to privacy and confidentiality, but also their right to participate fully in the school community.

Overview

This guide provides a framework within which education authorities can work with teachers, parents, and community leaders to help young people learn the facts about AIDS and STDs and make mature decisions that will reduce the risk to themselves and others. It emphasizes the importance of education about human behaviour and sexuality that is appropriate to a young person's particular stage of development and culture. The guide is designed to help educational systems provide structured, sequenced, school-based approaches to the problem of AIDS/STD. It is primarily concerned with formal education on AIDS/STD in schools. It is acknowledged, however, that informal (nonstructured) education on AIDS/STD can greatly enhance an existing formal programme and, where a formal programme does not exist, may provide students with valuable educational experiences.

School-based education about AIDS/STD will be successful only if classroom approaches reflect and are guided by a clearly stated policy. In the many educational systems where such a policy already exists, this guide may be of help in its review. In others, it may be regarded as a source of assistance in policy planning for the development, implementation, and evaluation of a successful programme.

Goals of a school health education programme on AIDS/STD

School health education on AIDS/STD aims to develop in the students the knowledge and skills needed for healthy human relationships, effective communication, and responsible decision-making behaviour that will protect themselves and others from HIV/STD infection and optimize health. The goals of such a programme include promoting behaviour that prevents the transmission of HIV/STD, fostering attitudes and behaviour that will prevent discrimination against those who are infected with HIV/STD, and promoting solidarity with them.

The problems of preventing HIV/STD infection and fighting discrimination are faced by the community as a whole, and school education activities to prevent their spread should also help promote ideas and values that are conducive to social concern, willingness to cooperate, and respect for human rights.

Key considerations in reaching the goals

A key element in developing a school education programme is accurate assessment of the knowledge, attitudes, concerns, and behaviour of the

young people at whom the programme is targeted. The assessment should cover both AIDS and STD, as well as broader issues such as communication within relationships, sexuality, control over one's own life, access to resources, and options for the future. Such an assessment cannot be made on the basis solely of the perceptions of those who live or work with young people or who develop programmes for them; it must include the concerns voiced by young people themselves.

The development of attitudes and skills should be considered as a continuous process. Where health education programmes already exist, the topic of AIDS/STD should be integrated within them. Integration will enable sexuality, self-esteem, communication, and decision-making to be taught in relation to AIDS/STD education. If this is not immediately possible, specific AIDS/STD education should be considered as an interim solution. Such an approach would not be appropriate in the long term, since the topic might not be well integrated into the overall course, and might overload existing curricula.

- A school health education programme on AIDS/STD should be developed within the context of the traditions, beliefs, values, and behavioural and educational norms of the society (Issue 3). It must address the needs and concerns of young people themselves as well as of those who care for them and work with them (Issue 4).

- There are many sound reasons, in school education on AIDS/STD, for working in collaboration with parents and other members of the community in whatever way is appropriate (Issue 5).

- Since teachers are in daily contact with their students and are well equipped both to address their concerns and to integrate AIDS/STD education into the curriculum, formally and informally, teachers and their representative organizations should be actively included at all stages of the development, implementation, and evaluation of the curriculum.

- The school and classroom environment can have an important impact on the effectiveness of AIDS/STD programmes (Issue 14). The creation of an environment based on respect, trust, and acknowledgement of similarities and differences will facilitate the growth of knowledge, the development of skills, and the examination of values. Because school health education about AIDS/STD often involves consideration of personal feelings and behaviour, both teachers and students must feel safe to express themselves freely and to explore ideas without fear of criticism or reprisal.

- Many opportunities for informal education on AIDS/STD occur in schools (Issue 15). Informal references to related topics provide opportunities to reinforce the formal AIDS/STD programme. If no formal programme exists, informal references can provide opportunities for education on AIDS/STD.

- Developing strategies and implementing measures that gain acceptance for the programme are integral parts of the planning process (Issue 4). People who disagree with the programme need to be given opportunities to express their concerns, which should be given due consideration. Such discussions provide good opportunities for learning by the programme developers, as well as by those whose opinions are sought.

- Because school is often the focus of the fears of parents, staff, young people, and the community when the facts about HIV transmission are not understood, a comprehensive programme must foster understanding to prevent fear and discrimination. The programme must emphasize the right of HIV-infected students and staff to privacy and confidentiality and to full participation in the school community.

- The implementation of school health education about AIDS/STD is greatly facilitated if all elements of the programme are well coordinated (Issue 11). Several useful elements of an effective AIDS/STD programme already exist in most schools. Education on AIDS/STD can be integrated most easily into education on the development of personal values and skills. This would include education on sexuality, family life, health, and responsible parenthood and child-rearing.

Evaluation

Full and continuous evaluation should be an integral part of a school health education programme on AIDS/STD. Planning should allow for reassessment of the programme at stated intervals and provide an opportunity for planners to make such changes as are indicated by the evaluation.

- It is necessary to decide who is to evaluate a programme (Issue 9). Evaluation is best conducted by a trained evaluator. Teachers who already have extensive experience in evaluating educational matters may be given further training in evaluation techniques for the purposes of the programme. However, outside evaluators may add objectivity and facilitate confidentiality where it is needed.

- Because of the personal nature of education on AIDS/STD and sexuality and the behaviour it seeks to influence, evaluators must take into account a number of ethical considerations, including respect for each person's right to privacy and confidentiality.

Curriculum

- It is essential that by the time they leave school, all students should have received the best possible education on AIDS/STD. The

programme must be specific to the target group and aimed particularly at the grade level or age group before that in which risk behaviour is likely to occur (Issue 6). If many students leave school before that age or grade level, it may be important to target a younger group with appropriate information. All subsequent grade levels or age groups should also be included in the programme.

- The position of AIDS/STD education within the curriculum is important, as the context chosen will provide a framework for decisions about the content, teaching style, and teachers of the programme. Ideally, education on AIDS and STD should occur within the context of health education on sex and human relationships.

- Programme developers should have an understanding of the principles and trends of preventive education and of programme development methodology (Issue 8). They should know about HIV infection and STD, be able to prepare programmes that bring together knowledge, skills, and attitudes into a coherent whole, and be sensitive to the needs and characteristics of teachers and students.

- In addition to increasing knowledge, AIDS/STD programmes should help students develop appropriate skills and attitudes, change risk behaviour, and counter discrimination (Issue 10). The content for each grade level should take into account the physical and mental growth and development of the students.

- Teachers and other programme presenters may require training to enable them to choose the most appropriate teaching style and strategies for education on AIDS/STD (Issue 13). Communicating biological and medical information may, for example, require didactic methods, such as reading assignments and lectures, while attempts to change behaviour may require interactive methods, such as role-playing and discussions.

Staffing

- The quality and style of presentation of an AIDS/STD programme are affected by the presenter and so too, ultimately, is the impact of the programme (Issue 12). Many education authorities consider that teachers, when specially trained, are capable of presenting such a programme, and that teachers with a particularly good rapport with students may be the best candidates for training.

- The training of programme presenters is of paramount importance in the successful implementation of an education programme on AIDS/STD (Issue 16). For appropriate training, the needs of teachers and other programme presenters should be assessed and appropriate training programmes planned and developed. Well equipped and well

trained presenters will have an impact on the knowledge, skills, and attitudes of the young people with whom they interact.

How to use the guide

The issues outlined above, related to the development, implementation and evaluation of school health education programmes on AIDS/STD, are considered in detail in the chapters that follow. Education authorities can therefore examine each issue in turn and thus fully develop, implement, and evaluate a programme on AIDS/STD where none previously existed. Certain sections of the guide, such as Issue 10, "Content of AIDS/STD curricula", may also be helpful in the detailed planning of some elements of the programme.

For each issue, the text is structured as far as possible under the following headings:

- Rationale – indicates why the issue is important.
- Possible approaches – discusses the options available for addressing each issue.
- Discussion – presents considerations about the different possible approaches to each issue.

The planning and implementation of school education on AIDS/STD should be developed by education authorities as an important part of the national AIDS prevention and control programme, coordinated by the national AIDS committee, and of the national STD prevention and control programmes, coordinated by the ministry of health or other agencies. This guide encourages coordinated approaches to education on AIDS that are consistent with the purposes of the national AIDS plans that exist in nearly every country of the world.

Issue 1

The purpose of AIDS/STD education

Rationale

The purposes of school health education about AIDS/STD are to prevent and control the spread of HIV/STD, and raise the level of understanding about associated problems. The first essential step in the development of school programmes on AIDS/STD is the development of clear purposes. Although the purposes may be stated differently in different cultures, it is imperative that school programmes should be designed, implemented, and evaluated to ensure that young people understand the nature of HIV infection and the actions they can take to protect themselves and others from HIV infection and STD, and to counter fear and discrimination.

Discussion

There are obstacles within most educational systems to the achievement of the stated purposes of any educational programme. They may be greater for school health education about AIDS/STD than for other programmes, and they must be addressed in a forthright but sensitive manner. Such obstacles may reflect:

- concern for the well-being of children;
- denial that AIDS/STD is a problem in the community;
- fear of informing children about ways of preventing the spread of HIV infection and STD;
- concern about whether school is the proper place for education of this nature.

In establishing clear purposes and addressing programme obstacles, the education authority and teacher organizations need to be:

- supported by, and in collaboration with, the national AIDS prevention and control programme, parents, community leaders, and young people's organizations;
- well versed in the incidence and projected transmission rates of HIV and STD in the community;
- able to analyse and discuss the context of risk as well as various forms of risky behaviour among young people and adults;

- able to argue the need for school health education about AIDS/STD, including sexuality and other relevant health issues, to help young people acquire the knowledge, values, skills, and support necessary to maintain good health and counter discrimination;

- able to show how education about AIDS/STD can be integrated within the school curriculum;

- able to demonstrate that school health education about AIDS/STD is a vital step in reducing the spread of these diseases.

An initial assessment of concerns and opinions within both the school and the community may be necessary for planners to obtain the information they need to develop an effective programme. Focus group interviews, questionnaires, surveys, and informal information provided by doctors, counsellors, youth workers, religious leaders, teachers, young people, and parents should be used to gain information about knowledge, attitudes, behaviour, and common situations in which risks arise. This information can provide a concrete basis for discussion and programme planning.

When dealing with constraints, the education authority must be careful about compromises. Some compromise may be necessary to meet recommendations from people or groups representing particular points of view. Every compromise, however, should be evaluated to ensure that it does not undermine the original purposes of the programme, including the need to give clear messages to young people about how to protect themselves and others from HIV/STD infection and to fight discrimination.

In many parts of the world, programme planners will need to be aware that some of the students participating in the programme may already be infected with HIV. Many students may suspect that they are infected; where antibody testing is available, some may be sure. Young people who are infected with HIV face complex problems about relationships, sex and work, just as uninfected students do. Programmes should be designed to address such problems, as well as to help students acquire the knowledge, skills and support they may need to avoid transmitting HIV to others. Their well-being is important.

The same safer practices that protect uninfected young people from becoming infected will also protect HIV-infected young people from STD and further exposure to HIV, which may place stress on their immune systems. A narrow medical approach, however, is not adequate. Studies have indicated that, ten years after HIV infection, 50% of HIV-infected people will develop AIDS. This also means that, after ten years, 50% of HIV-infected people have not developed AIDS. In areas where zidovudine or other drugs are being used, that proportion becomes even higher. Although diagnosis of AIDS usually means death within a few years, some people with AIDS have many more years of productive life. HIV-infected students need help in making life choices, not only to deal with eventual illness but also to cope with the years of life during which they feel physically well.

Issue 2

The goals and objectives of school health education about AIDS/STD

Rationale

In planning school health education about AIDS/STD, education authorities, in collaboration with teachers' organizations and health authorities, should develop:

- a goal;
- a series of subgoals;
- a series of objectives related to the knowledge, attitudes, skills and support needed to achieve the goal. These objectives should be both achievable and measurable. Measurement may be difficult, however, especially of programme components such as the development of values, self-awareness, and skills.

The school health education goal and subgoals listed below are critically important to all national efforts to prevent the further spread of HIV infection and STD.

Goal

To promote behaviour that prevents the transmission of HIV/STD.

Subgoals

Students completing the programme should:

- understand the nature and modes of transmission of HIV/STD;
- recognize the symptoms of HIV infection, AIDS and STD and know where to find appropriate resources, counselling, and medical care;
- be able to make informed decisions about personal and social behaviour that reduces the risk of HIV/STD transmission;
- be capable of rejecting biased information and myths relating to HIV infection, AIDS and STD;
- show solidarity towards people infected with HIV/STD, respecting their right to privacy and confidentiality and recognizing the benefits of the continued participation of HIV-infected students and staff in the school community.

Possible approaches

The school health education objectives established to meet these important goals should focus on knowledge, attitudes, skills, and support that students need to avoid becoming infected with HIV or STDs. Objectives will depend on the values and needs of the community.

Discussion

Education about AIDS/STD must be primarily concerned with the prevention of transmission and the optimization of health. School health education programmes that focus only on knowledge may fail to foster the skills, attitudes, and support that can help to reduce the risk of transmission and maintain health. Such programmes are not likely to meet the goals listed above. The development of appropriate knowledge, skills, and attitudes must therefore be considered as core objectives of the programme.

Education authorities must join with health authorities, teacher representatives, parents, young people, and community groups in framing objectives that meet the programme goal and subgoals and that are appropriate to the local culture. Objectives should be developed from the subgoals, be capable of full evaluation and, ideally, be concerned with knowledge, skills, and attitudes relevant to the following topics:

- the nature of AIDS/STD;
- the transmission of HIV/STD;
- sexual behaviour;
- risk behaviour;
- behaviour that reduces risk;
- sexual relationships;
- cultural and religious mores;
- self-esteem;
- informed decision-making;
- communication and negotiation within human relationships;
- relationships in general;
- combating discrimination;

- AIDS/STD prevention and control activities (national and local programmes and services).

Objectives should be simple and concise so that they can be easily evaluated. Setting targets, using specific indicators that show whether the objectives are being met, is important for programme evaluation. Information from the initial assessment should be used to indicate which areas of knowledge, attitudes, and practices the programme should focus on. Objectives and targets reflecting these should receive high priority for evaluation.

School programme objectives and student behaviour

It is essential to establish a relationship between school education on AIDS/STD and individual student behaviour. The programme presenter or teacher is a key person in establishing this relationship.

At classroom level, knowledge, attitudes, and skills are closely linked. The attainment of objectives regarding knowledge is essentially a step towards achieving other goals. For example, knowledge about modes of HIV transmission should increase the student's motivation and ability to protect himself or herself and others. However, it is behaviour that reduces the risk, not knowledge alone. Education about skills can enable a student to act on knowledge learned in the classroom.

Observers often note a direct association between education and behaviour in very young children. This link is less obvious in adolescents as the influence of their peers becomes more powerful and the urge to act independently becomes more marked. For this reason, education involving the "rehearsal" of skills and behaviour is important, to assist adolescents to choose behaviour that is in line with their own knowledge and attitudes, even if it differs from that of their peers.

Issue 3

Moral, cultural, religious and philosophical issues in AIDS/STD education

Rationale

School health education programmes about AIDS/STD must take into account the culture, sexual behaviour, and educational norms in the area.

Possible approaches

The programme planners need to take into account the religious and cultural outlook of the community in which the programme will be implemented. They can do this by involving community leaders, including religious leaders, in some aspects of programme design or review. Other groups, e.g., young people's groups, teachers' organizations, social scientists, the specialists who conducted the initial assessment, and school administrators, may be included to help define the needs the programme must meet.

A basic programme may be designed centrally and elaborated upon or altered in each community to make it culturally appropriate. However, any alterations made must not lead to the exclusion of essential information and activities.

Discussion

It is sometimes difficult to reconcile programme objectives with cultural and community concerns, especially in countries with a variety of cultures, or marked differences between urban and rural areas. It is important to create a programme that takes account of the customs and culture of the community and to base it on a realistic assessment of risk behaviour and situations that arise in the community. For example, in a community where there is a significant amount of sexual intercourse among unmarried young people, it is unrealistic to promote monogamy and celibacy as the only options for prevention. Cultural mores and religious or philosophical principles may either be in conflict with or supportive of preventive options, and it will therefore be important to involve community and religious leaders in defining appropriate approaches. There is much to be gained from informing and involving people outside the education and health sectors. Assistance can often be obtained from the community, other government departments and nongovernmental organizations.

A number of countries and educational systems have reconciled moral, cultural, religious, and philosophical issues in their implementation of school programmes on AIDS/STD. Supportive statements from leaders or institutions may help to convince others who are reticent. For example, in Sydney, Australia, the education authorities of the Roman Catholic Church enunciated this policy:[a]

> Just as Jesus broke through the social and cultural barriers of his time to reach out with compassion, love and hope to people in great need, Catholic educators are now called to respond in the same way to the crisis of AIDS, a new and fatal [disease]. In their message to the Australian people (May 1987), the Catholic Bishops called for programs in schools to ensure that children are given accurate and appropriate information on AIDS, presented within a full Christian vision of human sexuality. Catholic parents and schools also have a major role to play in the battle against ignorance and prejudice.
>
> Catholic schools fulfil their authentic mandate when they develop and implement a curriculum which is both truthful and challenging. While factual information is vital, knowledge alone is not sufficient. In the Australian community, a radical shift in attitudes is needed to halt the advance of this epidemic. A successful AIDS Education program will not only provide students with knowledge about the virus, but also assist them to develop an acceptance and understanding of self, an appreciation of family and social influences, moral sensitivity in the light of the law of God and the church, and competence in a range of living skills. AIDS Education should not be confined within one area of the curriculum; *all* areas of learning must deal with the subject at the appropriate level...

It is possible to read the statement above without realizing the amount of discussion and negotiation required to reach such a position. The school system that takes into account the moral, cultural, religious and philosophical issues involved may find strong support from influential community groups in addressing the pertinent issues and behaviour in the community.

[a] *AIDS education: issues and perspective for Catholic schools K-12.* Sydney, Parramatta, Catholic Education Offices, 1987.

Issue 4

Gaining acceptance for AIDS/STD programmes

Rationale

The successful implementation of school health education about AIDS/STD depends upon its acceptance by and support from:

- school administrators;
- teachers and their representative organizations;
- government representatives;
- the community in general;
- parents;
- students;
- other specific groups of people, for example cultural and religious groups.

The programme may also gain acceptance if supported as an important component of the national AIDS and STD prevention and control programmes. Developing strategies and implementing actions that gain acceptance for the programme form an integral part of planning.

Possible approaches

Some strategies that may improve the likelihood of a programme's acceptance are:

- ensuring that all interested people and groups are fully informed;
- identifying and addressing the concerns of people or groups that may have difficulty in accepting the programme;
- creating opportunities for extensive communication about AIDS/STD;
- involving as many people and groups as possible in decision-making at the planning and implementation stages;
- creating a process for welcoming feedback.

Discussion

The importance of involving in planning and implementation people and groups likely to experience difficulty in accepting AIDS/STD programmes cannot be overemphasized. People with special concerns should also be involved, such as parents of HIV-infected students or the students themselves. Settling differences of opinion or dispelling myths, fears, and misunderstandings cannot occur if contact is not made; the key to reducing resistance is positive communication. If people concerned about the programme are to be influenced to support it, their worries will need to be addressed.

Issue 5

Involvement of parents and the local community in AIDS/STD education

Rationale

In almost every society and every culture, the role of parents or other adult relatives in educating children about social and sexual behaviour is acknowledged. However, health and education authorities throughout the world recognize that school health education, including educational programmes that deal with sexuality and social issues, can play an important role in promoting health. The concept of teachers supplementing the work of the family is not new, but must assume greater importance if all young people are to receive adequate education about AIDS/STD.

Possible approaches

Several strategies are possible:

(*a*) The community and parents are informed about the school AIDS/STD programme.

(*b*) Parents are given the opportunity to approve their children's participation in the programme.

(*c*) The community and parents are involved by:

- receiving written information about the school's programme;
- receiving a written request, or being invited to a meeting at the school, to review the programme;
- being taught about AIDS/STD in conjunction with their children;
- participating in programme development (for example, at school planning meetings);
- sharing in programme implementation (for example, as part of a teaching team);
- teaching the programme.

Discussion

The involvement of parents and/or other community members in an AIDS/STD programme may demonstrate one or more of the following:

- recognition of the rights and opinions of parents (or, in some countries, other adult relatives such as aunts and uncles) in relation to AIDS/STD education;
- acceptance by parents that schools can provide education on AIDS/STD that is accurate and objective and respects people's privacy, and that effective teaching resources can be made available;
- admission of responsibility for fostering development of knowledge, skills, and values that will meet the whole range of the present and future needs of students;
- compatibility between the concerns of parents and the objectives of the programme.

Among the advantages to be gained from the involvement of parents and community members in an AIDS/STD programme in schools may be that it:

- increases knowledge and understanding about HIV/STD among parents and other adults;
- confers credibility on the programme;
- increases the likelihood of the programme being widely accepted;
- acknowledges the role of parents;
- enables the attitudes of parents to be monitored and given due consideration;
- provides support for the programme presenter;
- encourages the choice of programme presenters who are acceptable to the community;
- increases the likelihood of the message about AIDS/STD being consistent in the home and at school;
- leads to closer liaison between home and school on other issues;
- increases the likelihood that education will also take place at home;
- facilitates communication between parents and children.

Some disadvantages may be that it:

- delays the start of the programme, because of the time needed for discussion and consultation;
- permits expression of a variety of attitudes that may be difficult to integrate into the programme;
- requires broad discussion of the philosophical basis of the programme, which is time-consuming and difficult;
- leads some parents to withdraw their children from the programme or at least to be dissatisfied with it;
- requires careful planning;
- requires openness on the part of the staff and parents in a controversial area.

In spite of the disadvantages, experience in many countries has shown the benefit of fully involving parents and other community members in health education. It is not unusual to find parents or community members, such as health care workers, who have skills or knowledge that enhances the school health education programme. The community, too, can often provide support through such diverse organizations as volunteer groups and specialist agencies.

Issue 6

Target groups for formal education about AIDS/STD

Rationale

It is essential that, by the end of their schooling, all students should have received the best possible education on AIDS/STD. School health education about AIDS must be appropriate to the stage of psychosocial development of the students. Education about prevention should be provided to students before they reach the age at which risk behaviour is likely to occur. All grade levels need to be targeted because knowledge, attitudes, and skills are best acquired over time and need to be reinforced often. In some countries grade levels do not correspond to age, so it is important always to bear in mind the age of the students. If most students leave school at a certain level, developmentally appropriate AIDS/STD education should be focused at that level and before.

Possible approaches

Students can be targeted:

- from the first to the last year of schooling;
- during any one year of schooling;
- in the last two years of primary schooling;
- in the first two years of secondary schooling;
- in senior secondary school;
- in the final year of schooling;
- in the year of schooling equivalent to either the legal school-leaving age or the most common school-leaving age;
- at out-of-school activities for young people only;
- at out-of-school activities with their parents;
- at or immediately prior to the grade level where risk behaviour seems to be occurring, and in subsequent grades.

Discussion

The choice of target group is influenced by a number of factors. Some of these are:

- the occurrence of risk behaviour in various groups within the school population, as indicated by an assessment based on interviews with young people, health data, and other indicators;
- the cultural, religious, or philosophical values in the community that relate to the age at which education about sexuality may be given;
- the proportion of the country's young people who attend school at each level. In a country where the children leave school early, consideration must be given to designing a programme that will reach the greatest number of young people possible even if this means targeting younger students;
- the existence of curriculum areas where a context for teaching on AIDS/STD exists;
- the age of onset of puberty, sexual activity, and, if relevant, drug-injecting activity;
- current knowledge among the school population about the transmission of HIV/STD (as measured in the initial assessment);
- the incidence of HIV/STD infection in the community;
- the degree of sexual awareness and sexual activity of students at various levels;
- the readiness of the students for education about AIDS/STD;
- the extent to which AIDS/STD education is accepted by students and parents.

The choice of a target group will also be influenced by the degree to which the educational system chooses to emphasize AIDS/STD education or to integrate it into the child's schooling.

When analysing these factors, education authorities are also advised to consider what has been learned about the appropriateness of target groups in other similar educational areas. The information available indicates that the most appropriate time for education on drugs, sexuality, and population issues is prior to the onset of risk behaviour.

Planners have often found it useful to seek culture-specific methods to challenge apparent cultural barriers to effective communication about AIDS/STD. There may be other traditions within the culture or the society

itself which provide a basis for a fuller discussion of sexuality and other controversial issues. Representatives of teachers' organizations, community workers, and young people themselves can help planners to challenge apparent cultural barriers in culturally sensitive ways.

It is important that each school should see itself as part of a network providing high-quality preventive education on AIDS/STD.

Issue 7

The context of education about AIDS/STD

Rationale

The context chosen for AIDS/STD education will provide a framework for, and may facilitate, decisions about its content, the teaching style to be adopted, and who is to teach the programme.

The following questions need to be considered:

- Should AIDS/STD education be a curriculum subject area on its own, additional to the subjects already existing within the school system?
- Should AIDS/STD education be placed within other health-related subject areas in the curriculum?
- Should AIDS/STD education be integrated, as appropriate, into other subjects?

Possible approaches

AIDS/STD education could be provided within one or more of the following subject areas:

- education on sexuality;
- population education;
- health education;
- family life education;
- education on personal development and living skills;
- biology or general science;
- social science;
- civics, political science and current affairs;
- religious and philosophical education.

It could also be covered in any other appropriate subject area or across a number of subject areas.

Discussion

In choosing the most appropriate subject areas, education authorities and teachers' representatives should consider the following questions:

- What are the benefits and costs to the educational system of providing AIDS/STD education within an existing subject area or, alternatively, as a separate subject area?
- Who will teach the programme and how will the teachers be trained?
- What resources will the programme require and how will they be obtained?
- What existing subject areas best accommodate the philosophies, directions, and goals of AIDS/STD education?

A programme may be ineffective if children and adolescents do not appreciate that AIDS/STD prevention is related to education on human behaviour and, in broader terms, to health education. The maximum opportunity for reinforcement is afforded by a programme integrated within a number of subject areas. Broad integration, however, may result in the difficult areas being left out; each teacher may assume that these areas are someone else's responsibility.

If education on AIDS/STD is incorporated within a single subject area, that subject must accommodate the goals, objectives, and teaching content of the programme. It must also be taught in a style appropriate to the content and philosophy of the programme.

A review of approaches used in many countries indicates that AIDS/STD education is most effective when provided within a comprehensive health education programme that includes teaching on the relationship between personal behaviour and health. AIDS/STD education is more effective when students are not only given information but also have the opportunity to develop self-esteem and communication and decision-making skills. If these skills are not covered in the curriculum, inclusion of AIDS/STD may provide a focus for a shift towards a more effective and relevant school programme whose implications reach well beyond AIDS/STD. Education provided in a comprehensive school health education programme may be reinforced by integrating relevant content into other appropriate subject areas.

Issue 8

Who develops the AIDS/STD curriculum and programme strategies?

Rationale

This issue involves consideration of whether curricula for AIDS/STD education will be produced:

- at the school level (school-based);
- at central level;
- at both levels.

In some educational systems, curriculum development methods are well established and no specific decision needs to be taken. In others a clear decision will be necessary. Programme developers should be selected who are competent in planning, needs assessment, curriculum development techniques, participatory and didactic educational methods, and evaluation. Programme planners must also understand the complex issues involved in communicating about AIDS/STD.

Possible approaches

At the school level

The programme can be developed by one or more of the following:

- the head of the relevant faculty or department (for example, the health education department);
- a committee including representatives of teachers' organizations, staff members, parents, students, personnel from the relevant community agencies (for example the ministry of health, the local medical centre, or the family planning association) and organizations (for example, youth groups);
- an outside agency or person who may then implement the programme or oversee its implementation;
- the principal or head of the school;

- the school nurse and/or doctor;
- the school counsellor (psychologist);
- teachers and representatives of teachers' organizations.

At the central level

The programme can be developed by one or more of the following:

- an external consultant;
- an internal consultant;
- staff members of the ministry of education;
- a consultant from the teachers' organization;
- a group of interested community and religious leaders;
- school staff;
- staff from a university or college;
- a specialist unit within the ministry of education (for example, the health education unit);
- specialist units within another ministry (for example, the AIDS and STD education units in the ministry of health);
- an outside agency (for example, a family planning association);
- specialists from the national AIDS committee and the national STD prevention and control programme.

Discussion

There are a number of important considerations related to the decision on who is to develop the curriculum and programme strategies:

1. Do school personnel have the necessary knowledge about both the medical and the social aspects of HIV infection and STD to develop curriculum and programme strategies?

2. Who is the best person to acquire support from the national AIDS committee and ensure coordination with the overall plan for AIDS

prevention and control and public health plans for STD prevention and control?

3. Who can best evaluate the needs and concerns of students, as shown in the initial assessment, and make sure that the programme focuses on them?

4. Who is best placed to ensure that the curriculum and programme strategies are accepted in the community and to obtain community input while keeping a focus on prevention?

5. Who can ensure that adequate resources, both human and financial, are available to develop, implement, and evaluate the programme?

It may be an advantage for the programme to be developed as a collaborative effort by people who have had experience of teaching and designing curricula for prevention education about AIDS/STD, school administrators, concerned students and community leaders, and others who can help obtain both financial and human resources for the programme.

The collaborating team should have:

- an understanding of the principles and trends of school health education and preventive education about AIDS/STD;

- knowledge of HIV/STD infection and transmission and the complex social issues that arise in dealing with them;

- ability to prepare strategies for curricula and programmes that bring together the components of knowledge, skills, and attitudes into a coherent whole;

- an understanding of programme development methods (including implementation and evaluation);

- an awareness of the daily realities encountered by students and teachers in and outside schools;

- an ability to take into account the social, political, economic, and cultural contexts in which young people make decisions about their behaviour;

- familiarity with a variety of participatory and didactic education techniques;

- an ability to work directly with teachers, students, and the community to develop an effective programme.

Issue 9

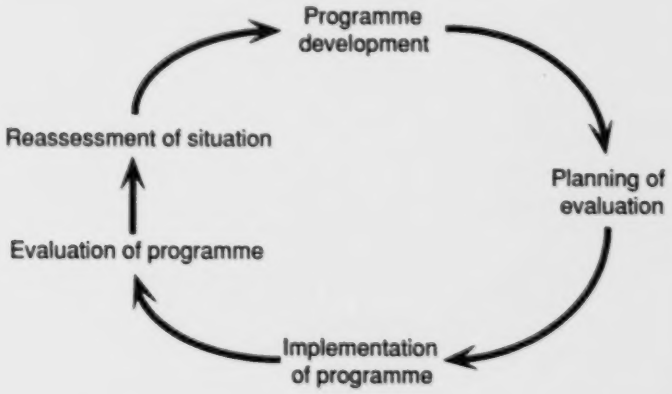
Planning the evaluation of educational programmes on AIDS/STD

Purpose of evaluation

Rationale

Evaluation of school health education about AIDS/STD should be concerned both with the progress of the programme and with the outcome. It should provide the programme developer with a view of how the programme is being implemented and whether the goals and objectives are being met.

To improve school health education about AIDS/STD, evaluators need to determine pre-programme levels of knowledge, beliefs and behaviour among students, and obtain evidence of the impact the programme is having on these factors. The factors can change very rapidly among student populations from year to year. With such information, programmes can be revised to meet the needs of the target group. Evaluators should then assess the impact of the revised programme, for evaluation is a continuous process. Far from being an optional extra, evaluation should be an integral component of the school health education programme. It provides programme coordinators with information relevant to other aspects of the national AIDS prevention and control programme as well as evidence of the effectiveness of the school programme.



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Possible approaches

A minimum evaluation might include standardized tests to be given to students before and after the programme, with questions on knowledge and possibly on attitudes and practices. There should be central collation of the results of the tests and reassessment of the programme in the light of the results.

The utility of the above approach can be expanded if, in a small experimental programme, the tests are also administered to classes that do not receive the programme and so could serve as a control group. A comparison between the programme and the control students will help evaluators decide whether learning is in fact associated with the programme or with other educational inputs (e.g., media reporting on AIDS) to which most young people are exposed. This type of evaluation must be carefully designed, however, if meaningful conclusions are to be drawn. For example, the control group must be similar to the group participating in the programme, and a sufficient number of students must be included in each group.

Thorough evaluation may be planned for a selected number of pilot schools and control schools. Evaluation strategies may make use of written tests, in-depth individual interviews, focus-group interviews, and objective indicators that may show that programme objectives are being met (a decrease in STD among the programme population, a decrease in adolescent pregnancies). To obtain indications about why behaviour and attitudes are *not* changing, qualitative methods should be built into the evaluation plan.

Process evaluation should provide answers to such questions as:

- Is the programme being implemented as planned?
- Are teachers being trained, and is the training effective?
- Is the curriculum meeting students' needs?

All the above formal evaluation methods can be combined with informal discussion sessions in which evaluators meet programme implementers, students, and interested community members to discuss the progress and the outcome of the programme.

Discussion

Advantages of effectively evaluating an AIDS/STD programme

If school health education about AIDS/STD is effectively evaluated, the educational system will be able to:

- improve its educational efforts;
- demonstrate the degree to which students are acquiring the knowledge, attitudes, skills, and support they may need to avoid preventable health problems, such as HIV infection, STD, and drug use, and to alleviate unwarranted fear and discrimination;
- demonstrate the extent to which young people currently practise behaviour that can result in HIV infection and STD;
- demonstrate to the ministry of health or national AIDS committee that effective programmes are being carried out;
- satisfy young people, teachers and their representative organizations, school administrators, and community groups that school programmes are meeting their needs;
- satisfy existing funding requirements and gain additional funding for school programmes;
- gain prestige for the educational system;
- determine which programmes and programme components are most successful;
- respond to doubts expressed at government or community level about the viability of preventive education;
- gauge the acceptability of the programme to teachers and incorporate their suggestions as appropriate;
- assess the effectiveness of teachers and the quality of programmes in preventing the spread of HIV/STD, and use this knowledge to revise policies and programmes;
- obtain information for national epidemiological or public health planning purposes.

If an AIDS/STD programme is effectively evaluated, individual schools will be able to:

- assess the extent to which students are practising risky or risk-reducing behaviour;

- judge the degree to which students are acquiring the knowledge, attitudes, skills and support they may need to prevent HIV transmission and combat discrimination;
- improve the programme by revising its objectives, content, and strategies based on current needs;
- satisfy the school community that the programme is effective;
- make a case for obtaining additional staff or funds;
- involve parents and the community in appreciating programme successes and making changes where necessary;
- ascertain the extent to which the programme meets the needs and concerns of students and is accepted by them;
- judge the extent to which the programme addresses the needs and concerns of teachers and is carried out by them as planned;
- evaluate the quality of teacher training and performance;
- consider the incorporation of successful experimental educational techniques into other subject areas.

Determining who will plan and carry out the evaluation

Rationale

The choice of evaluator determines the quality of the evaluation, the extent to which evaluation takes place at the level of individual schools or the educational system, and the amount of emphasis on formative (process) or outcome evaluation.

Discussion

Whether evaluation is carried out at the level of the school or the educational system, there is little doubt that it is best carried out by a trained evaluator. Evaluation of school health education about AIDS/STD can be difficult for various reasons:

- It is difficult to find evaluation methods that accurately measure development of skills. Evaluators with experience in assessing school education programmes may concentrate on assessing how well information has been disseminated rather than on the more difficult assessment of acquisition of skills and changes in behaviour.

- A number of factors influencing trends in behaviour are difficult to study. It may be difficult to determine whether components of the school programme or other factors are associated with behaviour change or lack of change.

- It may be difficult to collect data at an appropriate time or to establish a follow-up period for data collection that is long enough. Changes in individual behaviour, skills, or values associated with programme components may manifest themselves at very different times – immediately, a year later, or even ten years after the programme has been completed.

- Students and teachers may respond to surveys in what they believe is an "appropriate" way. For example, questions that attempt to discover whether or not a person has had an STD may not be answered honestly.

- Evaluation of the effectiveness of programmes in modifying behaviour requires a considerable research effort, necessitating expertise, time and money. The actual amount of resources needed will vary with the scope of the evaluation. Process evaluation is simpler than outcome evaluation, and the latter may be restricted to a carefully selected sample of schools.

Useful data can be gathered and processed by school personnel with special training in evaluation techniques, by an outside evaluation team, or by a combination of the two working in collaboration. Teachers who already have extensive experience in evaluating aspects of education are often best suited for further training in evaluation techniques for the purposes of the programme. The inside knowledge of school personnel is an advantage in evaluation, but the fresh and possibly more objective approach of an outsider may also be advantageous. Evaluators from outside the school community may also be needed to safeguard the privacy and confidentiality of individuals. Collaboration between outside evaluators and school personnel is likely to be an effective approach. Annex 1 contains additional information on evaluation methodology that may be particularly useful at the school level.

Ethical considerations

Rationale

Because of the personal nature of education on AIDS/STD and sexuality, and of the behaviour it seeks to influence, evaluators have to take into account a number of ethical considerations, among them the personal right to privacy as expressed in confidentiality and anonymity. While the evaluation of educational programmes is of primary importance in controlling the spread of AIDS/STD, the privacy of the individual should not be compromised.

The development of a code of ethics on the issue of privacy and other related issues is an important part of evaluation.

Possible approaches

Mechanisms to guarantee anonymity (bringing in interviewers from outside the local area, substituting numbers for names on interview forms, administering anonymous written tests) may be built into the evaluation.

If anonymity cannot be guaranteed, evaluators may decide to omit questions or assessments of HIV/STD status and sexual practices for individuals. Data that provide information about the group as a whole (for instance, community population figures on HIV/STD from wider surveys or medical facilities) may be used instead as useful indicators.

Discussion

Evaluators at the level of the educational system or individual schools need to consider:

- the students' right to privacy;
- the students' right to consent or refuse consent to being involved in the evaluation;
- the students' right to confidentiality and anonymity;
- the parents' involvement in the evaluation, either as participants or in giving approval for their children to be involved, or both.

In some countries, evaluation of AIDS/STD programmes is the province of one agency (or section of the education or the health ministry), which sets the standards by which it is carried out. This permits stricter control over both the number and the type of evaluations and ensures that confidentiality and anonymity are maintained. It also guarantees that the survey process will be disciplined, and ensures that children and adolescents are not used indiscriminately as experimental subjects.

Issue 10

Content of AIDS/STD curricula

Rationale

The context of the teaching on AIDS/STD will influence the content of the programme. The choice of content is often made at the school level, whereas the broad direction is usually the province of the educational system. Assessment of the needs of students (see pages 3-4 and 32-33) is an essential component in establishing the broad direction. As with objectives, the content must encompass knowledge, skills, and values.

Possible approaches

Some examples of possible content are given below. Further examples are contained in Annex 2.

Knowledge

- What is HIV? What is HIV infection? What is AIDS?
- What are STDs?
- What causes AIDS/STD?
- How are HIV/STD transmitted? How are they *not* transmitted?
- Who can become infected with HIV/STD?
- What can individuals do to prevent transmission of HIV/STD and to maintain health? (If the person is HIV-negative? If the person is HIV-positive?)
- What national and local AIDS/STD prevention and control activities and services are available in the local community? What other resources are available?

Attitudes, beliefs and values

- What is an attitude, a belief, a value?
- What are the attitudes of the local culture/society towards behaviour that puts people at risk of HIV/STD infection?

- What are the students' attitudes towards sexual behaviour and towards drug injection and other skin-piercing practices, and how do they relate to HIV/STD?

- What are the students' attitudes (and those of their peers) towards sexual relationships?

- What are the attitudes of those close to the students (for example, parents, friends, partners, religious leaders) towards sexual behaviour, drug injecting, and other skin-piercing practices?

- How do issues of power and authority contribute to HIV/STD transmission? (For example, are there certain people in the community or family who make the decisions about whom young people should marry, which professions they may follow, whether they must participate in ceremonies which involve skin-piercing, or what kind of sexual behaviour is acceptable?)

- How do gender issues (for example the legal status of women in the culture) contribute to HIV/STD transmission?

- What are the attitudes in the community towards health and disease? Is disease avoidable? Is health attainable? Who is felt to be responsible when people become sick?

- What are the students' feelings about themselves and their worth, and how do those feelings affect how they make decisions, how they communicate, and how they behave towards others?

- What are the students' attitudes towards other people (for example care and respect)?

- What are the attitudes of the students and of others towards people with HIV/STD and towards groups of people who are regarded as at risk of HIV/STD infection? How would students feel if a friend had HIV infection?

- What values within society and within the students' peer group promote unsafe behaviour? What values promote discrimination or misunderstanding? How can these be counteracted?

- What values within society and within the students' peer group promote safe behaviour and concern for self and others? How can these be strengthened?

- When and with whom is it culturally appropriate to discuss sexual matters or to talk about HIV/STD?

Skills

- How do communication skills contribute to HIV/STD transmission? (For instance, is communication within relationships, including negotiation about sexual issues, a skill the society fosters?)
- How, when, and with whom can students talk about relationships, including, when appropriate, sexuality?
- What decisions must students make about HIV/STD and how can they act on them?
- How, when, and with whom can students talk about HIV, AIDS and STD?
- How do HIV and STD affect students' relationships?
- How can students protect themselves and others from contracting or transmitting HIV/STD?
- How can students act to counter discrimination and promote solidarity between those who are infected and those who are not?

Support

- What can people in the community do to help prevent HIV infection and STD?
- What can students do to promote solidarity?
- How do economic issues contribute to HIV/STD transmission? (Economic issues include both accessibility of resources, such as condoms, and the effects of economic situations on choices about sexual relationships, including marriage.)
- Where can students go and what can they do to get further information and services?
- How can students support each other's decisions about HIV and STD?

Discussion

Education authorities, teachers' representatives, and other planners need to consider a number of important factors in deciding on content, including:

- the growth and development patterns of children and adolescents in the particular country or area. Effective education always depends on the physiological and emotional preparedness of the learner;

- the cultural and religious values of the community;
- local data regarding:
  - the prevalent modes of transmission of HIV/STD,
  - the incidence among adolescents of HIV/STD, use of injectable drugs, other skin-piercing practices, and sexual behaviour,
  - the current and future risk among adolescents of contracting HIV/STD,
  - the differences between rural and urban students,
  - the age at which compulsory schooling ends (in some countries there is a difference between the legal and the actual leaving age);
- ethical considerations, for example, is the privacy of the student or of his or her family affected?

It is well recognized that influencing behaviour is complex and demanding. There are lessons to be learned from other preventive education initiatives, for example population education and drug education. In some countries the relative emphasis given in AIDS/STD programmes to the development of self-esteem, communication skills and decision-making skills reflects the results of evaluations of other education programmes that aim to change behaviour.

It is difficult to give a clear indication of the optimum amount of school time which should be given to AIDS/STD education. As yet, relatively few programmes exist in schools and those that do exist have not been extensively evaluated. Preventive education, however, is a process that often involves extensive amounts of classroom time, especially when skills need to be learned and practised. There is also often a need for repetition and extension over a number of years, so that particular aspects are presented to students at the time they are best able to understand them.

Issue 11

The need to coordinate the integration of education on AIDS/STD

Rationale

Coordination is particularly important because of the increasing number of educational and social issues competing for limited school time. For example, an already crowded school curriculum may need to accommodate health education on communicable diseases, sexuality, community health, maternal and child health, and preventive education about drugs and AIDS/STD.

Possible approaches

- Without changing the overall school curricula, modules can be pretested in selected schools by inserting them into existing subject areas. The results of evaluation will help planners decide how best to harmonize new subject matter into the overall curriculum.

- If there is an ongoing process for overall design of the national curriculum, planners and teachers' representatives with training in AIDS/STD may join the working group to integrate these subjects into the curricula at various grade levels. Pretesting, training, supervision, and monitoring should be included in the general process.

- A special task force can be set up at central, regional, or local level to solicit community involvement, examine the current curriculum, identify appropriate subject areas, conduct an initial assessment with representative students and teachers, and design, implement, monitor, evaluate, and support the programme.

Discussion

Coordinating the elements of an AIDS/STD programme

Existing subject areas such as communicable diseases, human anatomy and physiology, sexual behaviour and contraception, and health education provide a valuable context within which AIDS/STD education can be integrated. Several useful elements of an effective AIDS/STD education

programme already exist in many schools; they need to be identified and coordinated so that additional elements can be added in the most productive way.

Education on AIDS/STD can be integrated most easily with existing subject areas that deal with the development of values and personal skills. Where such subjects exist, much of what is already being done will be relevant to education on AIDS/STD.

Issue 12

Teaching about AIDS/STD

Rationale

The decision on who will teach about AIDS/STD will influence the quality and style of presentation and, ultimately, the impact of the programme.

The basic choices are:

- teachers within the school system;
- resource people from the community;
- both teachers and community resource people;
- peers of the students;
- combinations of all of the above.

Education authorities and teachers need to reconcile the pressure for an immediate educational response to the problem of AIDS/STD with the need to consider the quality, context and design of the programme and its monitoring. In some countries the need for an immediate response has resulted in the use of people from outside agencies as programme presenters in the initial stages. At a later stage the combined expertise of outside personnel and school personnel is used to train teachers to integrate AIDS/STD education into the curriculum.

Possible approaches

Any of the following people can be chosen to teach about AIDS/STD:

- teachers within the school system
  - the class teacher;
  - a teacher of a specific subject, for example health education;
  - a teacher who, in the opinion of the school principal or governors and the teachers' organizations, is personally or professionally suited to teach about AIDS/STD;
  - a teacher who volunteers to teach about AIDS/STD;

  - the school counsellor or psychologist;
  - the principal or head of the school;
  - a member of the school's health personnel;
- community resource people
  - local community health personnel;
  - other local community experts;
  - religious leaders in the community;
  - educators drawn from a specific relevant organization, for example, the family planning association, the STD clinic, or the national AIDS programme;
  - a specially selected group of teachers (or others) who visit all the schools;
  - a parent;
  - a visitor invited by students;
- peers
  - peers who are slightly older than the students;
  - class members who have researched the topics or attended special training programmes.

Combinations of presenters can also be selected from the above groups.

Discussion

To be effective, an AIDS/STD programme presenter should be:

- willing and interested in teaching about AIDS/STD;
- knowledgeable about HIV infection and STDs, their transmission, and their prevention;
- accepted by the school staff, the community, and the students;
- able to maintain confidentiality and objectivity;
- concerned with the welfare of the students;

- familiar with and at ease when using sexual terminology and discussing sexual issues;
- knowledgeable about the curriculum as a whole and the ways in which information on HIV/STD can be harmonized with other areas;
- respectful of student and family values;
- an effective communicator;
- an effective facilitator of classroom learning;
- accessible to students for follow-up discussions;
- accessible to parents for general discussion;
- familiar with the background of the students.

Many educational authorities and teachers' organizations consider that teachers and others with most of the above characteristics will be appropriate presenters for an AIDS/STD programme. Such persons should be specially chosen and trained for this purpose.

Issue 13

Teaching style for AIDS/STD education

Rationale

A comprehensive preventive programme on AIDS/STD needs to provide biomedical information, to facilitate the exploration of personal issues, and ultimately to influence attitudes and behaviour. Programme presenters will need guidance in choosing a teaching style and teaching strategies that achieve these purposes. Often the subject area in which education on AIDS/STD is placed determines the teaching style to be used.

Possible approaches

Teaching styles range from the didactic to the participatory.

Discussion

Communicating biomedical information may require didactic educational methods, whereas influencing attitudes and behaviour may require a more participatory approach. The balance between these two approaches is determined by:

- the underlying policies and principles of the educational system;
- the training the presenter has received;
- the relative weight given to knowledge, skills and attitudes within the educational system;
- the ease and competence of the individual educators in didactic and participatory education.

The didactic style involves the presentation of accurate information in a clear, concise, and systematic way. The instruction is usually leader-centred rather than participant-centred. Although didactic methods can occasionally be used to provide instruction on the skills and attitudes associated with a particular issue, they usually focus primarily on transfer of knowledge.

The participatory style often involves a learner-centred group process. In this approach, communication and interaction are encouraged and the

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orientation may be towards problem-solving. Students and teachers together employ their knowledge, skills, and attitudes to examine problems related to AIDS/STD. The use of participatory methods alone may not provide sufficient factual knowledge.

The most appropriate approach to teaching about AIDS/STD is a combination of the didactic and the participatory styles which is:

- in accordance with the goals of the programme;
- focused on the needs of the students;
- applicable to their lives.

For successful preventive education, teachers must be competent in both didactic and participatory methods. Annex 3 provides information on teaching resources and strategies appropriate to AIDS/STD education.

Issue 14

Planning to provide an appropriate school and classroom environment for AIDS/STD education

Rationale

The quality of the relationships and interactions in a school or classroom is of importance in the prevention of AIDS/STD. Because of the potential influence of the teacher as a model and motivator and the opportunities for counselling and support, the relationship between teacher and students is exceptionally important. Preventive education on AIDS/STD is more effective in an environment that accords with the goals of the programme and where the relationships between teachers and students are open and trusting. Both the curriculum and teacher training should take into account the need to create such an environment.

Possible approaches

If the programme envisaged does not allow for the creation of a suitable classroom environment for the discussion of personal issues, alternative facilities may be created within the school. For instance, small group discussions or individual counselling sessions may be organized after regular school hours by a counsellor or a youth club.

If the school cannot provide such services in or outside the classroom, information about alternative facilities (drop-in centres, counsellors, hot lines) should be given.

Discussion

An environment based on respect and trust, in which teachers and students can share opinions and feelings, facilitates growth in knowledge and skills and the exploration of values. An environment that promotes interaction is important for participatory teaching methods. For example, the arrangement of chairs in a circle encourages people to talk more freely to each other.

The establishment of a good classroom atmosphere is largely the responsibility of individual teachers and the school principal. A well-trained teacher is able to predict whether an environment will be conducive to achieving the goals of the programme. Programme planning should always include resources for teacher training.

Issue 15

Planning informal education on AIDS/STD in schools

Rationale

Because AIDS/STD has received, and will probably continue to receive, much media coverage, teachers and other school personnel will be frequently asked questions about it. Planners should anticipate that these questions may be on topics that have not been included in the formal programme. School personnel may also have to manage spontaneous situations that are associated with AIDS/STD, as for example when a student discloses that a family member or acquaintance has AIDS. Programme planners need to consider how informal education might be used to meet the needs of students while respecting cultural and educational norms.

Possible approaches

Answering questions asked by students

Educators may be given training to help them to:

- provide direct, clear, factual answers;
- provide factual answers and follow up with a discussion;
- provide general answers and refer the students to parents or other figures of authority;
- refer students to parents or other figures of authority without answering the question;
- refer students to a written source;
- state clearly that certain questions about AIDS/STD cannot be answered at school;
- make a note of the questions and decide along with the supervisor or principal how they should be answered.

Dealing with specific situations

Educators may have to deal with many different situations, for example, if certain students have read an article in a journal, discussed AIDS informally, or know someone who has AIDS or a sexually transmitted disease.

Educators may be trained to:

- deflect attention from sensitive subjects or subjects that require lengthy discussion;
- state clearly that certain aspects of AIDS/STD will not be discussed at school;
- discuss the issues that can increase student understanding of AIDS/STD and ignore the remainder;
- use each such incident as an opportunity to educate young people further about AIDS/STD and allow them to discuss their concerns.

Discussion

Using all opportunities for further education about AIDS/STD is clearly the best alternative, but training, guidance, and support are needed to enable teachers to use these opportunities well. If a formal programme on AIDS/STD exists in the school, informal references to the topics provide an opportunity to reinforce the formal programme. If no formal programme exists, informal references can provide an opportunity for some education about AIDS/STD. Informal (or incidental) teaching provides an excellent opportunity for needs-based education. This is particularly true in the case of education about AIDS/STD and related topics because the level of student interest is often high. School systems that permit teachers to discuss AIDS/STD informally and to answer questions give the students access to information at a time when their need to know is great. Informal education can also provide opportunities for the discussion of values within the natural context of a question or remark.

Teacher training should include skills in making the most of informal education opportunities. Other school personnel are likely to be asked questions or encounter situations which will allow them to participate in informal education on AIDS/STD, and they too should be provided with information and training so that they are well informed and know how to react to particular questions or issues. Teachers and other school personnel must feel that they have the active support of the educational system in dealing frankly with difficult topics. Reliance on informal education alone to provide all the knowledge and skills young people need to protect themselves from AIDS/STD is, however, unsatisfactory.

Issue 16

Planning for training

Assessing the needs of programme presenters

Rationale

The appropriate training of programme presenters is of paramount importance for the successful implementation of an education programme on AIDS/STD. The needs of programme presenters should be assessed broadly at the educational system level and more specifically at school level. Assessment of training needs should begin with an evaluation of the existing competence of programme presenters, including their knowledge, attitudes, and concerns about AIDS/STD.

Possible approaches

Training needs can be assessed at the levels of the educational system and the school through:

- interviews with the staff and representatives of the teachers' organizations such as the faculty head, the principal, and selected teachers;
- surveys of proposed programme presenters;
- training sessions or interviews with proposed programme presenters aimed at establishing their needs, knowledge and skills;
- a questionnaire asking programme presenters how they would deal with some of the foreseeable problems in education on AIDS/STD (for example, what would they do when teaching a lesson about STD if a 13-year-old boy said that he had a sexually transmitted disease?);
- an anonymous survey of the knowledge (or the knowledge, attitudes, behaviour, and practices) of prospective programme presenters.

Discussion

A survey of needs may appear to be time-consuming and expensive, but the results are invaluable for the planning of a training programme. Skilled personnel should be able to complete the survey quite quickly, with the maximum use of existing data and a simple methodology. Focus group sessions and individual interviews with selected programme presenters and others concerned are appropriate for this task.

Planning teacher training

Rationale

Teacher training should help teachers develop skills in counselling, the exploration of values, and the creation of a suitable classroom environment where difficult issues may be examined. Teachers will be able to help in designing such training to make the most of existing skills.

Additional training may be required to help teachers integrate AIDS/STD into the existing curriculum and to develop interactive teaching techniques. Teachers should be given ample opportunities to say what additional training they feel is needed.

Appropriate training is a major factor in determining the overall success of the AIDS/STD programme. Well equipped and well trained teachers can have an impact on the knowledge, skills, and attitudes of those in their care.

As well as training programmes that will be implemented, plans must be made for programmes to meet future needs.

Possible approaches

Pre-service training

Universities and colleges may already be involved in designing and implementing pre-service teacher training courses that cover sexuality and AIDS/STD. Programme planners can work with these institutions to harmonize these courses with new curricula being planned.

In-service training

In-service training is generally expensive, but it is a good vehicle for the transfer of skills and knowledge. It can be carried out in a number of ways:

- as an in-school training programme involving all the school staff;
- in regional or district training programmes for all the teachers who are to teach on AIDS/STD;
- in "train the trainers" programmes where one or more key teachers per school are trained. These teachers then train their colleagues on return to the school;
- in supervisory teacher programmes, where one of the teachers, trained as above, works with a teacher who has received less training.

Distribution of written or audiovisual materials

Planners may prefer to disseminate written or audiovisual material to teachers who are already considered to have most of the appropriate skills to use such material in their teaching. Such materials should include guidance and suggestions for their use.

Mass media

In countries where the appropriate media exist, materials can be produced in conjunction with the national AIDS committees and STD prevention and control programmes and shown on television or broadcast on the radio in a special time slot for teachers and schools. Training will still be needed to deal with questions, discussions, and follow-up.

Support services

Centralized support units that provide advisory services for curriculum design, resources, teaching strategies and evaluation can be made available to teachers.

Discussion

When deciding on the mode of training, two questions need to be asked:

1. What are the major areas in which training is required?

2. Which option will cover them most effectively and efficiently?

The following review of the various training methods may provide some assistance in answering these questions.

Pre-service training

Pre-service teacher training necessarily implies a lag between the decision to implement education on AIDS/STD and graduation of the programme presenters. It cannot therefore, be the sole means of training, especially in the initial stage of implementation of education on AIDS/STD. It should nevertheless form a part of the overall training designed to furnish the educational system with teachers able to provide education on AIDS/STD in the years to come.

Teaching on AIDS/STD requires experience and a well-developed teaching style. There is a case for allowing teachers to develop their communication skills in a classroom setting before undertaking education on sexuality, especially related to AIDS/STD. This approach militates against conducting all training at a pre-service level.

In-service training

In-service training can:

- provide a means for the transfer of knowledge and skills;
- provide an opportunity for the teacher to:
  - discuss and consider his or her own attitudes and values,
  - develop tolerance for the attitudes and values of others,
  - develop an understanding of the theory and practice of education as it influences attitudes and behaviour,
  - practise conducting a discussion of values and attitudes relevant to AIDS/STD;
- increase the self-esteem and morale of teachers;
- train teachers to develop programmes and train their peers in their own school.

Distribution of written or audiovisual materials

Written or audiovisual material can:

- communicate knowledge and useful teaching strategies;
- be designed to be integrated into the existing curriculum at appropriate levels;
- form a part of a resource package sent to schools;
- be produced by the educational system, by one or more outside agencies engaged in AIDS/STD prevention and control, or by a consultant;
- be a collection of materials from other sources collated for use by teachers.

Most teachers, whatever their levels of skill and experience, will benefit from workshops or training in the use of such materials.

Mass media

Material available in the mass media can often be useful to teacher training. However, it is rarely appropriate that it should be the primary focus of the training programme. It is essential to ensure that any information presented in the media, and that is made available to teachers, is accurate.

Support services

Centralized units can provide effective consultant support for teachers. The use of mobile teams ensures that information and strategies are continually spread from school to school.

Content of training

Decisions about the objectives and content of training programmes should take into consideration the following:

- the needs of the programme presenters;
- the goals and objectives of the programme;
- the current level of information and expertise of the programme presenters.

It is important that training should cover the following subjects:

- the nature and scope of AIDS/STD;
- the transmission of HIV infection and STD;
- the nature of national AIDS and STD prevention and control strategies and resources;
- how to prevent HIV/STD transmission;
- teaching techniques that deal with skills and attitudes as well as information;
- exploration and clarification of personal values and attitudes;
- exploration of the personal, social, political, cultural, and sexual issues involved in AIDS/STD;
- assistance in dealing with difficult and controversial issues in the classroom;
- understanding of preventive education.

Issue 17

Possible sources of continuing concern about AIDS/STD education

Rationale

Education on AIDS/STD is a difficult, often contentious, subject for schools. It would be unrealistic to expect that it should not be questioned at the school level in the initial stages, and some resistance is likely to continue. In fact, resistance often reflects care and concern about the well-being of the young people of the community. This care and concern can come from school staff, parents, members of the community, and the students themselves.

The AIDS pandemic and the rapid spread of other STDs are so serious in their consequences that overcoming resistance to school programmes on AIDS/STD is of primary importance. Young people of school age are important recipients of preventive education which may have a lifelong effect on their health and well-being. Reducing concerns about such education, however, is not just a matter of providing information and logical argument so as to bring about change in behaviour.

Dealing with concerns requires an understanding of the fears and misconceptions that underlie the resistance. Often concerns about programmes are based on lack of information, acceptance of myths, or fear of the unknown. It is important to seek solutions through discussion that correct misconceptions and dispel myths and fears.

Possible approaches

Continuing concerns of parents and teachers

Even if teachers' representative organizations and parent groups are involved in programme planning and development, some people may still have difficulty with the programme when it comes to be implemented. The following steps may be taken by education authorities and representatives of teachers' organizations to deal with continuing concerns from parents and teachers. Meetings with individuals or groups may be arranged to enable all concerned to:

- understand the nature and cause of the concerns;
- recognize the values underlying the programme and the concerns about them;

- acknowledge the fears, misconceptions or feelings on which the different points of view may be partly based;
- have access to accurate information to counter misconceptions;
- acknowledge that both parties have a right to their positions;
- listen to the views of others and try to understand them;
- state positions clearly, without attacking those of others;
- summarize the areas of agreement and the areas of difference that remain after discussion;
- acknowledge that people generally want what is best for the young, teachers, and the educational system, and that many people in many countries share the views that have been put forward;
- discuss the problems in a spirit of cooperation to try to reach a joint solution.

If such meetings are unsuccessful, efforts should be made to continue to focus on the problems and their solution and to seek agreement and compromise positions acceptable to both sides. Some negotiated compromises may be:

- redesigning the content of the programme, without sacrificing key issues, information, and exercises, so that it becomes more acceptable to those who resist it;
- permitting children to be withdrawn from some parts of the programme;
- allowing the withdrawal of teachers who do not wish to teach the programme even after training and discussion;
- providing further education or training for teachers, parents, or community members;
- seeking further information that may convince community members, parents, or teachers that certain aspects of the programme are needed;
- conducting a programme that involves parents and students rather than students only;
- bringing more parents and teachers into the committee that oversees the programme content, staff training, and other key issues;
- holding further meetings to discuss the situation;
- using outside experts to teach some parts of the programme;

- allowing programme presenters and parents or community members to present several points of view to students.

These methods and other similar approaches will help educators and teacher organizations to deal with important concerns. Adopting an extreme position may well mean that AIDS/STD education will not be implemented at all or that many students will be withdrawn from the classes.

Continuing concerns from students

- If students have difficulty in talking about issues related to sexuality, specific exercises or focused discussions may help to overcome this reticence.

- Time, familiarity, and a relaxed attitude on the part of the teacher may overcome embarrassment naturally.

- Acknowledgement of specific objections that students may have to the programme and discussion in the classroom along the lines outlined above may reduce resistance.

- Consultation with colleagues and programme planners on dealing with continuing concerns or negative behaviour may be helpful. Additional training in counselling and communication skills and exercises to address concerns effectively may be necessary.

- Individual discussions with specific students may help to identify causes of concern that can be dealt with. If parental pressure is one cause of concern, separate discussions with parents may be considered. Exercises in communication and role-playing sessions may help students to deal with parental concerns themselves.

- Programmes may be redesigned to address young people's concerns in ways with which they are at ease.

- A peer education component, where some aspects of AIDS/STD education are presented by young people themselves, may be added to programmes that lack it.

- The use of music, art, drama, video, or other creative components may increase interest and participation.

Discussion

Concerns of school staff

The values of the school staff generally reflect those of the community. If there has been no training or prior involvement with the programme, some staff will be very positive about education on AIDS/STD, while others may be very negative. The reaction will vary according to the quality of the policy on AIDS/STD education and the extent to which teachers have been consulted and involved in the development phase of the programme. Concern from teachers is likely to be based on one or more of the following:

- the view that education on AIDS/STD is not the responsibility of the school;
- the belief that sex education is the responsibility of the family;
- the view that an educational programme on a difficult topic such as sexuality may threaten their jobs in an individual school or community;
- the opinion that teachers are already required to do too much social education;
- reluctance to add a new programme of any kind to an already crowded curriculum;
- the feeling that their training is not sufficient to enable them to deal with certain topics or difficult questions about AIDS/STD;
- the view that AIDS/STD is "not a problem in this country" or "not a problem for children at this school".

If teachers and their representative organizations are involved at every stage of the planning, development and implementation of the programme, difficulties can be tackled from the beginning. Since teachers are likely to be the people who carry out the programme, their involvement is of crucial importance. Workshops where teachers can discuss their concerns, receive training, and meet programme developers to make suggestions for changes should be an integral part of programme development.

Concerns of the community and parents

Parents may have concerns about the incorporation of education on AIDS/STD into the curriculum. Some of these may result from:

- rejection of a role for schools in AIDS/STD education;

- a desire to maintain the right to educate their own children about sexuality;
- religious, cultural, or philosophical beliefs that preclude the discussion of sexuality;
- a desire to maintain the "innocence" of their children;
- a lack of trust in the teachers' knowledge or ability to teach about AIDS/STD;
- consciousness of the difficulty of teaching preventive education in schools;
- a desire to see schools become more academically oriented;
- a reluctance to accept that schools have a role in educating the "whole child";
- a feeling that AIDS/STD is "not a problem in this country" or "not a problem for children at this school".

Involvement of parents, other adult relatives, and key community members in a planning or advisory capacity from the inception of the programme may help to defuse potential objections. Discussion following the outline given on pp. 53-55 may still be necessary after the programme has begun. Key community or religious leaders who have become convinced that the programme is necessary can also often help to convince those who remain concerned. The object of discussions should always be both to correct misconceptions (some people may not understand the mechanisms of HIV transmission, for instance, or may not realize that STDs are in fact widespread among young people in the community) and to allay fears. (It may be helpful to show that programmes in which sexual issues are discussed frankly do not promote sexual activity among students who were not previously sexually active, but do promote safer sexual practices among those already active.)

Concerns of students

Young people have different concerns about education on AIDS/STD. Their resistance is often less obvious and may be characterized by embarrassment and passive withdrawal. Concern is likely to be caused by:

- parental pressure against the school's involvement in education on AIDS/STD;
- the nature of the subject matter: issues may be brought up that some young people find difficult to confront;

- lack of experience of formal education on communication within relationships and sexuality;
- the use of participatory teaching strategies which make some students ill at ease;
- difficulty in viewing risk behaviour in the same way as adults (the media, peers, or other influential groups may present seductive images of risk behaviour that are not effectively countered by the programme; a programme designed by adults may also fail to stress the positive aspects of experimenting with new behaviour that form part of adolescents' growth towards autonomy and responsibility);
- the belief that they are not at risk of HIV infection and STD;
- the feeling that they are already being overwhelmed with information from the media or other sources.

A programme designed with contributions from young people and addressing their perceived needs and concerns from the beginning is more likely to be successful. Peer education – by slightly older young people, by young people from groups who have created successful out-of-school education programmes (including homosexual and HIV-positive groups), or by specially trained young people from the same class – may also contribute to a programme's success. The creative use of music, video, drama, and art within AIDS/STD education programmes for the classroom has been successful with young people in many countries, particularly in programmes that permit them to participate actively.

Evaluation

This annex presents a brief description of methods that may be useful to an educational system or individual school in evaluating school education on AIDS/STD. The evaluation methods are examples only, and are not intended to be exhaustive or prescriptive. They have not been developed with a specific culture, goal, objective, or age group in mind. School-oriented evaluation methods are still scarce and examples are difficult to find. It is essential for school and education authorities to develop methods appropriate to their needs and purposes.

Process evaluation takes place during the course of the programme and, with regard to the programme's objectives, may:

- identify and monitor potential causes of success and failure;
- monitor the relevance and effectiveness of decisions made before the teaching is implemented;
- observe and describe what is actually occurring.

It can be carried out by, for example:

- analysis of classroom interaction;
- a suggestion box;
- rating scales;
- diaries;
- records of staff meetings;
- interviews;
- feedback sheets;
- supervised teaching reports.

Outcome evaluation takes place at the completion of the programme and measures the extent to which the programme's objectives have been achieved. The methods used in outcome evaluation include:

- surveys – written or personal;
- already available information;

- interviews (for example on the street);
- focus group interviews;
- rating scales;
- questionnaires.

Process evaluation is particularly important during the initial period of a new programme. Once the programme is established and accepted, it becomes important to plan for outcome evaluation. Both process and outcome evaluation are important to assess the extent to which objectives have been achieved, and together provide a basis for interpretation of the results.

Examples of evaluation methods

Tests

Tests are often used to evaluate knowledge and are primarily methods for evaluating outcome. It is difficult to devise valid, reliable tests, especially when the results are to be used for evaluating the programme rather than a student's knowledge.

Sample tests

1. (*a*) What is the name of the virus that suppresses the immune system and can lead to the development of AIDS?

_____

(*b*) What is the name of the virus that causes genital warts?

_____

(*c*) Describe briefly how the virus that causes AIDS is transmitted from one person to another.

_____

_____

(*d*) Describe briefly how the virus that causes genital warts is transmitted from one person to another.

_____

_____

(*e*) Who can get AIDS?

_____

(*f*) Where in your community can you get further information about AIDS?

_____

2. (*a*) What are the major symptoms of gonorrhoea? (Tick two of the possible answers below)

   - itchiness in the genital area;
   - swollen feet;
   - a sore throat;
   - a sore on the penis or vulva;
   - headache and nausea.

   (*b*) A person who is infected with HIV (tick two statements):

   - is always homosexual.
   - has AIDS.
   - may feel well for years.
   - is not a danger to others at school or in the workplace.
   - can receive treatment to kill the virus.
   - always dies within a few years.

3. Are the following statements true or false?

   Hepatitis B is a form of STD._____

   Sexually transmitted diseases are only caught by dirty people._____

   STDs have been around for a long time._____

   AIDS is a punishment for being homosexual._____

   People with AIDS sometimes feel well for long periods of time._____

I could never catch HIV/STD._____

HIV only spreads between homosexual men who have sex. _____

STDs are widespread around the world._____

4. What virus:

   (a) damages the immune system?
   (b) causes hepatitis B?
   (c) causes herpes?
   (d) causes genital warts?

   Choose your answers from the following:

   - herpesvirus
   - human papilloma virus
   - human immunodeficiency virus
   - hepatitis B virus

5. The symptoms of chlamydia are:

   - itchiness
   - pain on urination
   - headache
   - fever
   - nausea
   - rash

   Tick the correct symptoms.

6. The condom *does protect/does not protect/nearly always protects, if used correctly,* against HIV transmission.
   Circle the correct choice.

7. True or false? HIV infection can result from:

   HIV entering the bloodstream on a needle or sharp instrument. _____

   Blood or sperm touching the intact skin of another person. _____

   HIV being breathed in through the mouth._____

8. Join each disease with the correct route of transmission.

Disease	*Route of transmission*
AIDS	air
malaria	lack of hygiene
influenza	unprotected sexual intercourse
gastroenteritis	mosquitos
STD	blood products

Interviews

Interviews are a useful means of gaining information, especially on the outcomes of the programme related to skills and values. The interviewer may use either an established list of questions or a system of flexible questioning. For most evaluation interviews, a list of questions is prepared, especially if comparison between groups is sought.

Example of an interview with students (focus groups) on the skills component of education on AIDS/STD

1. What has the AIDS/STD programme taught you about skills to protect yourself and others against these conditions?

2. What skills and resources are needed that the programme did not provide?

3. How could you tell your partner what you believe about having sex? What is likely to happen then?

4. Describe how a condom is used, and how it can be obtained.

5. What would you say to a friend who you thought might be in danger of becoming infected with HIV or another sexually transmitted disease?

6. Describe some situations that might put young people in this school at risk of HIV infection/transmission. What are the safer types of behaviour that could minimize the risk? What conditions would encourage them to practise safer behaviour? What conditions would discourage them?

Sample anonymous questions

Students may be asked to write the answers to these questions on a piece of paper without including their name or any other identifier.

1. The most likely ways students could become infected with HIV are . . .
2. The best thing about this programme was . . .
3. The worst thing about this programme was . . .
4. My greatest worry about AIDS is . . .
5. If I found out my best friend was infected with HIV, I would . . .
6. If I found out I was infected with HIV, I would . . .
7. If my best friend found out I was infected with HIV, he or she would . . .

Example of an interview with parents (focus groups) to analyse the progress of the programme

1. What does your son/daughter feel about the lessons on AIDS/STD that have been given?
2. Have you talked with him/her about the programme? What was the response?
3. Are you satisfied with the programme so far?
4. What areas do you believe need more emphasis?
5. What, if any, are the weaknesses of the programme?
6. What outcome for your son/daughter would you like to see from this programme? How far has this outcome been achieved?

Rating scales to measure attitudes

Rating scales are particularly useful in assessing the beliefs and attitudes of students in relation to particular issues as measures of either process or outcome. They provide the evaluator with information about the values that underlie behaviour and may point the way to future programme development. The data collected must be anonymous.

Examples

1. Rank the following statements from 1 to 7, putting the statement you think the most accurate as 1, and the one you think the least accurate as 7.

   - Only homosexuals have AIDS/STD.
   - Anyone who has unprotected sexual intercourse or shares needles can become infected with HIV.
   - STDs are only a worry when you do not use a condom.
   - AIDS is a real danger to everyone in the community.
   - Prostitutes are the main carriers of HIV in this community.
   - If a person never has anal sex, he/she will not become infected with HIV.
   - People having unprotected sexual intercourse with many partners are at risk for HIV/STD infection in our community.

2. Complete the following by putting a mark on the line between 1 and 5. A mark near to 1 means that you strongly agree.

   I would be able to touch and care for someone with AIDS.

1	3	5
strongly agree		strongly disagree

   I would dislike having someone in my class with gonorrhoea.

1	3	5
strongly agree		strongly disagree

   STDs are only avoidable in an exclusive sexual relationship.

1	3	5
strongly agree		strongly disagree

   AIDS is a disease syndrome from which I can protect myself.

1	3	5
strongly agree		strongly disagree

Using a condom while having sex can be fun.

1	3	5
strongly agree		strongly disagree

Condoms always make having sex less exciting.

1	3	5
strongly agree		strongly disagree

Condoms spoil the spontaneity of sex.

1	3	5
strongly agree		strongly disagree

3. Tick the attitudes that are nearest to yours:

   - I believe that people should only have sex with a single partner.
   - I believe that it is fine to have sex with anyone as long as you are not cheating on someone.
   - I believe that sex is fine with one person at a time.
   - I am not going to have sex with anyone right now.
   - Girls are frigid and do not like sex.
   - I won't have sexual intercourse with someone without a condom.
   - I hate condoms and won't wear them or ask my partner to wear them.
   - I want to have sex but I prefer at present to have non-penetrative rather than penetrative sex.

4. The following words describe how you might feel about education on AIDS/STD. Rank the words from 1 to 8; 1 = the feeling you have most often, 8 = the feeling you have least often.

   - informed
   - interested
   - bored
   - angry
   - happy
   - improved
   - frustrated
   - responsible

5. Rank the following outcomes of education on AIDS/STD in the order of their importance for you.

   Education on AIDS/STD:

   - helps me to know how to use a condom.
   - helps me to understand my own values.
   - helps me to realize that I am responsible for my own sexual relationships.
   - helps me to take better decisions about sex and drug use.
   - gives me more information about AIDS/STD.
   - helps me to know the symptoms and causes of AIDS/STD.
   - changes my attitudes towards sex.
   - helps me to change my sexual behaviour in the direction of monogamy.

Surveys

Surveys are primarily a means of gaining information about behaviour and behavioural change. When carried out before and after a programme, they give clear indications of the status of risk behaviour among participants. Such information combined with information about behavioural determinants are important planning tools. The question of how often and when to conduct surveys is always difficult as AIDS/STD programmes aim at sustained behavioural change.

Sample survey

The data collected should be anonymous.

How has this programme changed your sexual behaviour, or your ideas about your sexual behaviour in the future?

_____

_____

What are the important things you can do to protect yourself and others against HIV/STD?

_____

_____

What have you learned that has caused your behaviour to change?

_____

_____

What are the obstacles that could make it difficult for you or others to avoid risk?

_____

_____

What have you learned from this programme?

_____

_____

What has been the worst thing about this programme?

_____

_____

What effect will this programme have on your behaviour:

next month? _____

next year? _____

in 5 years? _____

for the rest of your life? _____

Write three words to describe your feelings so far about this programme.

_____

What are the two most important things you have learned about AIDS and STD?

_____

The programme on AIDS/STD has so far influenced me:

to learn more about AIDS/ STD.	1 strongly agree	3	5 strongly disagree
to use condoms every time I have sex.	1 strongly agree	3	5 strongly disagree
not to inject myself with drugs for nonmedical reasons and not to share needles and syringes.	1 strongly agree	3	5 strongly disagree

What else do you need to know before the lessons on AIDS/STD are completed?

Pre-existing data

A great deal of useful data are available to educational planners from such sources as:

- national census figures (for example, age-specific birth rates for adolescents);
- surveys conducted by other agencies (for example, newspapers and magazines);
- birth rates and abortion rates;
- sales figures from contraceptive manufacturers (for example condom sales in specific areas);
- programmes conducted by other agencies (for example, needle exchange programmes).

The above indicators help in evaluation. The extent to which they can be used depends on:

- how regularly they are available;

- how specific the information is (for example, whether they give rural and urban figures or figures for specific age groups);
- how they take account of contributing factors.

The quality of these indicators can be improved through review of the methods by which they are collected and adjustment of the systems of collation and analysis. It is the responsibility of the educational system to obtain the information in the most useful form. Some pressure may therefore need to be brought to bear on the agency involved to provide more useful information.

Reports, agendas, records, etc.

Agendas and reports of meetings can provide useful details for evaluation by indicating the current situation and possible future trends. They also give evaluators subjective information about the programme and whether its objectives are being met.

The data may be obtained from teachers (staff meeting reports), parents (reports of parent meetings), and students (small focus group discussions on programme trends).

Suggestion boxes

Suggestion boxes may be useful in obtaining feedback from parents, teachers, and students on how the programme is progressing. Suggestions will often be made that influence the trends positively. It is unrealistic, however, to expect that there will always be suggestions in suggestion boxes. At times, the programme planner will need to create situations that elicit suggestions, for example, meetings, competitions, memoranda.

Feedback sheets

Feedback sheets are used to obtain immediate feedback about a lesson, a training session, a meeting, etc. They permit a quick response and provide the programme presenter with information about the progress of the programme.

Example

1. This lesson was (circle the most appropriate face):

WHO 91901

I learned _____

I liked _____

I will _____

2. This meeting of parents was (circle the words that most suit your feelings):

uncomfortable	challenging
enjoyable	boring
interesting	informative
useful	a waste of time

Annex 2

The content of education on AIDS/STD

A list of options additional to those on pages 34-36 is given below. It is provided for guidance only, as the actual content will vary from educational system to educational system, from country to country, and even from school to school.

The options are presented under three headings, reflecting the stage of development of the target group. They are:

- young children;
- prepubertal children;
- early to mid-adolescence.

Because of the variations in the needs and rate of development of children and adolescents, the content must be in accordance with the decisions taken about the needs and preparedness of the target population.

The options are presented in the form of questions designed to assist the education authority to relate the content to:

- the objectives of the programme;
- the appropriate teaching strategies;
- the relevant evaluation techniques.

The content of an AIDS/STD programme must reflect the realities of transmission in each culture or community and emphasize the prevention of transmission. Risk-reducing behaviour must therefore be discussed in the specific context of that culture or community. Individual education authorities must select programme content that is acceptable in their culture and appropriate to the needs of their students.

Young children

Example 1

Knowledge	Why do some people get sick? How are illnesses spread?
Skill	How do you tell an adult that you feel sick?
Values/feelings	How do you feel about someone who is sick? How do you feel about yourself when you are sick?
Support	Who can you go to for help when you are sick?

Example 2

Knowledge	What is AIDS?
Skill	How do you talk to people about AIDS?
Values/feelings	What can we do for people with AIDS?
Support	Who is helping to take care of people with AIDS?

Prepubertal children

Example 1

Knowledge	What causes AIDS and STD?
Skills	How do people know if they are infected with HIV or a sexually transmitted disease and what can they do about it?
Values/feelings	Is there a difference between how you would feel about someone who has AIDS and someone who does not? Why or why not? Is there a difference between how you would feel about someone who has a sexually transmitted disease and someone who does not? Why or why not?
Support	Who can you talk to about AIDS/STD?

Example 2

Knowledge	What happens to someone who is infected with HIV? What happens to someone who is infected with a sexually transmitted disease?
Skills	How do you talk to someone who is infected with HIV? How do you talk to someone who is infected with a sexually transmitted disease?

Values/feelings	What feelings might a person have who is infected with HIV? What feelings might a person have who has a sexually transmitted disease?
Support	Where can people get good information about AIDS/STD?

Example 3

Knowledge	What are the ways HIV is *not* spread?
Skills	How can you talk to others about behaviour that is safe (like swimming or playing with an HIV-positive child)?
Values/feelings	How does what you know help you stop being afraid of AIDS?
Support	What else can you do to stop being afraid?

Adolescents

Example 1

Knowledge	What are STDs and how are they caused?
Skills	How can people avoid getting an STD?
Values/feelings	How would you react if someone you knew had a sexually transmitted disease? Why? How would you feel if you had a sexually transmitted disease? Why?
Support	Where can a person with an STD get help?

Example 2

Knowledge	What do people do that puts them at risk of contracting HIV?
Skills	How do you avoid contracting or transmitting HIV?
Values/feelings	Do your values or feelings influence the way you behave?
Support	What values in the community influence our behaviour?

Example 3

Knowledge	What factors may influence communication within relationships? What needs to be changed and what can individuals do by themselves and with others to make these changes?

Skills	How can we communicate effectively within relationships?
Values/feelings	Which values/feelings about gender, power, social acceptability, and culture facilitate good communication and how can we strengthen these? Which make good communication difficult and how can we overcome these?
Support	Who can you talk to about relationships?

Example 4

Knowledge	Do condoms protect from HIV infection and STD?
Skills	How do you talk to your partner about using a condom?
Values/feelings	What are your beliefs about condoms?
Support	Where can people obtain condoms?

Annex 3

Teaching resources and strategies

Programme presenters require a variety of teaching resources and strategies to enable their students to acquire knowledge and skills related to AIDS/STD. The teaching needs to be both didactic and participatory. A collection of appropriate resources and strategies should be obtained or developed by the education authorities. They often need to be adapted for use in a particular culture or school, and it is always necessary to consider the cultural and educational appropriateness of every strategy to be used.

A brief description of teaching resources and strategies that may be appropriate to education about AIDS/STD is given below.

Resources

- Books: either for use by students or as a reference for teachers.
- Films and videos: these must be culturally appropriate and provide accurate information.
- Other audiovisual material: for example, slides, posters, pamphlets, and photographs.
- Flip charts: a collection of large paper sheets with illustrations and short messages. Sheets must be large enough to be seen by the students. The teacher uses the illustrations to stimulate discussion or to draw attention to important topics.
- Worksheets: question sheets for students to fill in.
- Information sheets: handouts and pamphlets containing relevant information in a form intelligible to the reader.

Teaching strategies

- Small group discussions: discussion in groups ranging from two to ten or more people. As a general rule, the more personal the topic under discussion, the smaller the group. For example, the most important risk behaviour in the transmission of HIV in the community would be discussed in a small group.

- Large group discussions: groups may include the whole class. The large group discussion is often used in association with more didactic methods of teaching.

- Role-playing: a technique in which students are given a role and a situation to act out. The interaction can be analysed and discussed by the group. It is important to debrief all the participants at the end. Role-playing may be conducted in small or large groups; students who do not have a role to play are observers. (As an example, students may play the roles of a boy, P, who persuades a girl, M, to have sex with him; M does not really want to, but ends up complying. They then discuss the situation with their friends.)

- Rehearsal play: in this strategy one person does not play a role, but other people do. The interaction involves the person without a role (therefore being himself or herself) in rehearsal of a real situation. This strategy is valuable in helping students to practise assertive behaviour or in communicating about difficult issues in actual situations they feel they may encounter. For example, a student practises resisting pressure to use drugs or to have unprotected sexual intercourse.

- Strategies to clarify values: all strategies identified by this term attempt to help students to discover what values they prize and choose to act on. All encourage the analysis and justification of one's own values while listening to and tolerating the values of others.

  Rank ordering is a method in which students are given a case to study and asked to rank the behaviour of the characters according to their own values. Students then discuss their values.

  Value questionnaires are worksheets containing questions that have no definitely right or wrong answers; students are encouraged to analyse their values. The answers may be discussed.

  Rating statements on a continuum – various statements are made and students indicate the extent to which they agree or disagree with them. This is then discussed.

- Moral dilemma: this is a strategy where an unfinished scenario is provided for discussion. Students are encouraged to finish the story: (a) for the characters involved, and (b) as if they themselves were the

central characters. Discussion follows on the various decisions, consequences, and possible courses of action.

- Case studies: these may be used to provide information, demonstrate the use of particular skills, or present a range of values. Case studies are usually used to promote reflection, analysis and discussion.

- Brainstorming: a discussion among students on a given topic, where participants feel free to express their opinions. The conclusions are recorded and reported.

- Reflection: students are encouraged to take time to reflect on a question. This usually precedes discussion and allows for the ordering of thoughts, questions and experiences.

- Debates: a topic is discussed, one student taking a position for and another a position against. Debates on issues may be formal or informal.

- Play-writing/reading: this involves the use of creative reading or the writing of relevant material.

- Collage-making: students present their ideas on a topic by developing a picture usually made from cut-out sections of newspapers and magazines but at times drawn or written.

- Peer teaching: informed students talk to their peers. These students are sometimes a little older than the target group. They must be trained in how to be peer teachers and be given accurate information on AIDS/STD.

- Quizzes: worksheets may be used as quizzes (including crosswords) or the quizzes may be oral.

- Talks, lectures: information is given to the whole group by a speaker.

- Songs: these can be developed by students, or appropriate popular songs can be used as "trigger" material – material which will trigger discussion about relevant issues.

- Posters: these can be developed by students, or appropriate existing posters can be used as trigger material.

Glossary

The definitions given here relate to the use of terms in this book, and are not necessarily applicable in other contexts.

curriculum The entire body of courses of study designed to meet the goals and objectives of the school or other educational institution.

family life education Education, within the sociocultural context of the family and society, designed to assist young people in their physical, social, emotional, and moral development as they prepare for adulthood, marriage, parenthood, and aging.

family planning Practices that help individuals or couples to avoid unwanted births, bring about wanted births, regulate the intervals between pregnancies, and decide the number of children in the family.

focus group interviews Interviews with representatives (usually 6–12) of a target audience who are asked prepared questions on a selected topic and encouraged to speak freely, so that the interviewers can gain an insight into what the target audience thinks about the topic.

formal education Education that is planned, structured, imparted, and evaluated in due form to meet specific subject or programme objectives.

health education Any combination of learning experiences designed to promote the adoption of behaviour conducive to health.

informal education Education that takes place in an unstructured way, often as the result of a question or during a general discussion.

population education Education presenting information about population and population control with the aim of developing rational and responsible attitudes and behaviour in relation to the family, the community, and the national and world population situation.

risk behaviour In the context of this guide, any behaviour by a person that may place that person or other people at risk of contracting HIV infection or an STD, for example, unprotected sexual intercourse or the use of potentially infected skin-piercing equipment.

school health education programme A course or group of courses of study designed to meet particular health goals and objectives, such as the prevention of AIDS/STD.

sex education Education designed to develop understanding of the biological, sociocultural, psychological, spiritual, and ethical aspects of human sexual behaviour.

target audience People with common characteristics to whom health promotion messages are specifically addressed.

WHO AIDS SERIES

No.			Price* (Sw.fr.)
1	(1988)	**Guidelines for the development of a national AIDS prevention and control programme** (iv + 27 pages)	8.– (5.60)
2	(1989)	**Guidelines on sterilization and disinfection methods effective against human immunodeficiency virus (HIV), 2nd ed.** (iv + 11 pages)	4.– (2.80)
3	(1988)	**Guidelines for nursing management of people infected with human immunodeficiency virus (HIV)** (iv + 42 pages)	9.– (6.30)
4	(1989)	**Monitoring of national AIDS prevention and control programmes: guiding principles** (iii + 27 pages)	8.– (5.60)
5	(1989)	**Guide to planning health promotion for AIDS prevention and control** (iv + 71 pages)	14.– (9.80)
6	(1990)	**Prevention of sexual transmission of human immunodeficiency virus** (iv + 28 pages)	8.– (5.60)
7	(1990)	**Guidelines on AIDS and first aid in the workplace** (iii + 12 pages)	4.– (2.80)
8	(1990)	**Guidelines for counselling about HIV infection and disease** (v + 48 pages)	11.– (7.70)
9	(1991)	**Biosafety guidelines for diagnostic and research laboratories working with HIV** (iv + 28 pages)	8.– (5.60)
10	(1992)	**School health education to prevent AIDS and sexually transmitted diseases** (v + 79 pages)	18.– (12.60)
11	(1992)	**The global AIDS strategy** (v + 23 pages)	9.– (6.30)

Further information on these and other WHO publications can be obtained from Distribution and Sales, World Health Organization, 1211 Geneva 27, Switzerland.
* Prices in developing countries are 70% of those listed here.

In the absence of a cure for AIDS or a vaccine for HIV infection, and in view of the increasing rates of sexually transmitted diseases among youth, education is critical in reducing the transmission of both. Such education needs to be given to young people before they have their first sexual experiences, so that they can protect themselves and others from infection. To do this, they need not only appropriate knowledge, but also skills and attitudes that permit effective communication, responsible decision-making, and the development of healthy human relationships.

A considerable proportion of young people can be easily reached through school, and may learn in the classroom the facts, values and skills they need to protect themselves from HIV infection. This guide describes how school health education programmes on AIDS and sexually transmitted diseases can be developed and integrated into existing curricula. It considers a number of issues that will need to be addressed by the education authorities, such as the best way to enlist the support of parents, the need for special training of teachers, and ways of creating an appropriate classroom environment for discussion of sensitive subjects. Stressing the need for the curriculum to take into account the local culture and educational norms, the guide concludes that education about HIV and sexually transmitted diseases is best given within a broad health education programme that provides an understanding of communicable diseases, community health, human relationships, sexuality, drug use, and other relevant issues.

Price: Sw.fr. 18.– ISBN 92 4 121010 9
Price in developing countries: Sw.fr. 12.60